



Establishment Name <i>Budget Inn</i>				Name <i>N. V. Patel</i>	<input type="checkbox"/> Owner	<input type="checkbox"/> General Manager
Physical Address <i>215 South By-Pass</i>		City <i>Kennett, MO</i>		Zip <i>63857</i>		
Mailing Address <i>(same)</i>		City "		Zip "		
County <i>069</i>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>573-882-5381</i>	No. of Stories <i>1</i>	No. of Rooms <i>17</i>	Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-new	
Rooms Inspected: <i>Rooms Inspected: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17</i>			Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input checked="" type="checkbox"/> DNR	
Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>						
Please check if the following local ordinances apply		New Lodging Establishments <input checked="" type="checkbox"/> N/A				
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring		Smoke detectors hardwired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Plumbing		Fire alarm system installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Swimming Pools/Spas		Sprinkler system installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Fuel Burning Appliances						
Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)						
In=In Compliance		Out=Not In Compliance, explain on additional page(s)		NO=Not Observed	N/A=Not Applicable	
Section A & B: Water Supply & Wastewater		In	Out	NO	N/A	Section E: Fire Safety
1. Approved source, construction and operation		<input checked="" type="checkbox"/>		<input type="checkbox"/>		1. Textiles, hangings and mirrors
2. Complies with water quality standards				<input type="checkbox"/>		2. Fire extinguisher type, inspected, and location
3. Chlorinator maintained and operated properly				<input type="checkbox"/>		3. Vertical openings fire-rated, self-closing
4. Wastewater operation and maintenance		<input checked="" type="checkbox"/>				4. Doors, self-closing and fire-rated
Section C: Sanitation/Housekeeping						5. Smoke detectors hardwired, installed, good repair
1. Walls, floors and ceilings in good repair		<input checked="" type="checkbox"/>				6. Evacuation route and plan, installed, available
2. Housekeeping practices and furnishings			<input checked="" type="checkbox"/>			7. Stairs and ramps, maintained, storage
3. Towels and bed linens clean			<input checked="" type="checkbox"/>			8. Means of egress, number, maintained
4. Mattresses and box springs clean			<input checked="" type="checkbox"/>			9. Handrails and balconies maintained and appropriate
5. Pest control procedures		<input checked="" type="checkbox"/>				
6. Ice machines, scoops, liners clean & protected				<input type="checkbox"/>		
7. Garbage storage and disposal		<input checked="" type="checkbox"/>				
8. Premises maintained, plant growth controlled		<input checked="" type="checkbox"/>				
Food Inspection conducted according to 19CSR20-1.025						
9. Food, equipment and single service/use				<input type="checkbox"/>		
10. Food protected from contamination				<input type="checkbox"/>		
11. Facilities to wash, rinse and sanitize				<input type="checkbox"/>		
12. Handwashing facilities/hygienic practices				<input type="checkbox"/>		
Section D: Life Safety						
1. Combustible/toxic items usage and storage		<input checked="" type="checkbox"/>				
2. Building maintained to assure safe conditions		<input checked="" type="checkbox"/>				
3. CO detectors hardwired, installed, good repair		<input checked="" type="checkbox"/>				
4. GFCI, outlets & switches installed, good repair		<input checked="" type="checkbox"/>				
5. Exit signs installed, good repair			<input checked="" type="checkbox"/>			
6. Emergency lighting installed, good repair			<input checked="" type="checkbox"/>			
7. Electric panel protected, labeled, good repair		<input checked="" type="checkbox"/>				
Required Annual Third Party Inspections						
1. Fire Alarm System				<input type="checkbox"/>		
2. Sprinkler System				<input type="checkbox"/>		
3. Local Fire and Building Codes/Ordinances				<input type="checkbox"/>		
4. Current Boiler/Pressure Vessels MDPS Certification				<input type="checkbox"/>		
5. Backflow Device(s) Test				<input type="checkbox"/>		
6. Liquid Propane Leak Test				<input type="checkbox"/>		
INSPECTED BY (PRINT NAME and SIGN) <i>Karen Hunter-Kreager / Karen Hunter-Kreager</i>			EPHS NUMBER <i>892</i>	AGENCY <i>Missouri Dept. of Health</i>	TELEPHONE <i>573-882-9004</i>	
LICENSING YEAR 20 <u>18</u> / 20 <u>19</u>		APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE INSPECTED <i>8-28-18</i>	FOLLOW UP DATE <i>by 9-28-18</i>	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>NAINESH PATEL Owner</i> <i>Nainesh Patel</i>						
MO 580-0883 (6-16)		Distribution: White/Owner		Canary/Central Office	Pink/Local Office	E9.02



INSPECTED BY

INSPECTED BY *Karen Hunter-Kraus, EPHS #147*
MO 580-2569 (6-16) Distribution: White

MO 580-2569 (6-16)

RECEIVED BY

RECEIVED BY
Nainesh Patel

DATE

8-28-18



Missouri Department of Health & Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name <i>Karen Hunter Krueger, EHS</i>				Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>N. V. Patel</i>																																																																																																																																																																																																																			
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Smoke detectors hardwired, installed, good repair 6. Evacuation route and plan, installed, available 7. Stairs and ramps, maintained, storage 8. Means of egress, number, maintained 9. Handrails and balconies maintained and appropriate</td> </tr> <tr> <td>1. Walls, floors and ceilings in good repair</td> <td><input checked="" type="checkbox"/></td> <td colspan="2">10. Handrails and balconies maintained and appropriate</td> </tr> <tr> <td>2. Housekeeping practices and furnishings</td> <td><input checked="" type="checkbox"/></td> <td colspan="2">11. Textiles, hangings and mirrors</td> </tr> <tr> <td>3. Towels and bed linens clean</td> <td><input checked="" type="checkbox"/></td> <td colspan="2">12. Fire extinguisher type, inspected, and location</td> </tr> <tr> <td>4. Mattresses and box springs clean</td> <td><input checked="" type="checkbox"/></td> <td colspan="2">13. Vertical openings fire-rated, self-closing</td> </tr> <tr> <td>5. Pest control procedures</td> <td><input checked="" type="checkbox"/></td> <td colspan="2">14. Doors, self-closing and fire-rated</td> </tr> <tr> <td>6. Ice machines, scoops, liners clean & protected</td> <td><input type="checkbox"/></td> <td colspan="2">15. Smoke detectors hardwired, installed, good repair</td> </tr> <tr> <td>7. Garbage storage and disposal</td> <td><input checked="" type="checkbox"/></td> <td colspan="2">16. Evacuation route and plan, installed, available</td> </tr> <tr> <td>8. Premises maintained, plant growth controlled</td> <td><input checked="" type="checkbox"/></td> <td colspan="2">17. Stairs and ramps, maintained, storage</td> </tr> <tr> <td colspan="4">Food Inspection conducted according to 19CSR20-1.025</td> </tr> <tr> <td>9. Food, equipment and single service/use</td> <td><input type="checkbox"/></td> <td colspan="2">18. Means of egress, number, maintained</td> </tr> <tr> <td>10. 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Pool clarity, pH, disinfectant, & temp. maintained</td> </tr> <tr> <td>4. GFCI, outlets & switches installed, good repair</td> <td><input type="checkbox"/></td> <td colspan="2">25. Steps, ladders, and handrails installed, good repair</td> </tr> <tr> <td>5. Exit signs installed, good repair</td> <td><input type="checkbox"/></td> <td colspan="2">26. Adequate ventilation</td> </tr> <tr> <td>6. Emergency lighting installed, good repair</td> <td><input type="checkbox"/></td> <td colspan="2">27. Electrical outlets, proper protection & distance</td> </tr> <tr> <td>7. Electric panel protected, labeled, good repair</td> <td><input type="checkbox"/></td> <td colspan="2">28. Records maintained and signs posted</td> </tr> <tr> <td colspan="4">Section E: Plumbing/Mechanical</td> </tr> <tr> <td>1. Equipment adequate, good repair</td> <td><input type="checkbox"/></td> <td colspan="2">29. First aid kit available</td> </tr> <tr> <td>2. Ventilation adequate, plumbing, restrooms</td> <td><input type="checkbox"/></td> <td colspan="2">30. Lighting adequate and in good repair</td> </tr> <tr> <td>3. T & P relief valves adequate, good repair</td> <td><input type="checkbox"/></td> <td colspan="2">31. Fire resistant room or sprinkler head</td> </tr> <tr> <td>4. Relief valve discharge pipes installed, adequate</td> <td><input type="checkbox"/></td> <td colspan="2">32. Location of heating/cooling units</td> </tr> <tr> <td>5. Backflow, air gaps, no cross connections</td> <td><input type="checkbox"/></td> <td colspan="2">33. Ventilation of appliances and utility rooms</td> </tr> <tr> <td colspan="4">Section F: Swimming Pools/Spas</td> </tr> <tr> <td>1. Fence, gate adequate, proper closure mechanism</td> <td><input type="checkbox"/></td> <td colspan="2">34. Operation and condition adequate</td> </tr> <tr> <td>2. 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1. Walls, floors and ceilings in good repair	<input checked="" type="checkbox"/>	10. Handrails and balconies maintained and appropriate																																																																																																																																																																																																																					
2. Housekeeping practices and furnishings	<input checked="" type="checkbox"/>	11. Textiles, hangings and mirrors																																																																																																																																																																																																																					
3. Towels and bed linens clean	<input checked="" type="checkbox"/>	12. Fire extinguisher type, inspected, and location																																																																																																																																																																																																																					
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>	13. Vertical openings fire-rated, self-closing																																																																																																																																																																																																																					
5. Pest control procedures	<input checked="" type="checkbox"/>	14. Doors, self-closing and fire-rated																																																																																																																																																																																																																					
6. Ice machines, scoops, liners clean & protected	<input type="checkbox"/>	15. Smoke detectors hardwired, installed, good repair																																																																																																																																																																																																																					
7. Garbage storage and disposal	<input checked="" type="checkbox"/>	16. Evacuation route and plan, installed, available																																																																																																																																																																																																																					
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	17. Stairs and ramps, maintained, storage																																																																																																																																																																																																																					
Food Inspection conducted according to 19CSR20-1.025																																																																																																																																																																																																																							
9. Food, equipment and single service/use	<input type="checkbox"/>	18. Means of egress, number, maintained																																																																																																																																																																																																																					
10. Food protected from contamination	<input type="checkbox"/>	19. Handrails and balconies maintained and appropriate																																																																																																																																																																																																																					
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	20. Fence, gate adequate, proper closure mechanism																																																																																																																																																																																																																					
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	21. Boundary line, pool depth properly marked																																																																																																																																																																																																																					
Section D: Life Safety																																																																																																																																																																																																																							
1. Combustible/toxic items usage and storage	<input type="checkbox"/>	22. Deck is clean and in good repair																																																																																																																																																																																																																					
2. Building maintained to assure safe conditions	<input type="checkbox"/>	23. Lifesaving equipment adequate, good repair																																																																																																																																																																																																																					
3. CO detectors hardwired, installed, good repair	<input type="checkbox"/>	24. Pool clarity, pH, disinfectant, & temp. maintained																																																																																																																																																																																																																					
4. GFCI, outlets & switches installed, good repair	<input type="checkbox"/>	25. Steps, ladders, and handrails installed, good repair																																																																																																																																																																																																																					
5. Exit signs installed, good repair	<input type="checkbox"/>	26. Adequate ventilation																																																																																																																																																																																																																					
6. Emergency lighting installed, good repair	<input type="checkbox"/>	27. Electrical outlets, proper protection & distance																																																																																																																																																																																																																					
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	28. Records maintained and signs posted																																																																																																																																																																																																																					
Section E: Plumbing/Mechanical																																																																																																																																																																																																																							
1. Equipment adequate, good repair	<input type="checkbox"/>	29. First aid kit available																																																																																																																																																																																																																					
2. Ventilation adequate, plumbing, restrooms	<input type="checkbox"/>	30. Lighting adequate and in good repair																																																																																																																																																																																																																					
3. T & P relief valves adequate, good repair	<input type="checkbox"/>	31. Fire resistant room or sprinkler head																																																																																																																																																																																																																					
4. Relief valve discharge pipes installed, adequate	<input type="checkbox"/>	32. Location of heating/cooling units																																																																																																																																																																																																																					
5. Backflow, air gaps, no cross connections	<input type="checkbox"/>	33. Ventilation of appliances and utility rooms																																																																																																																																																																																																																					
Section F: Swimming Pools/Spas																																																																																																																																																																																																																							
1. Fence, gate adequate, proper closure mechanism	<input type="checkbox"/>	34. Operation and condition adequate																																																																																																																																																																																																																					
2. Boundary line, pool depth properly marked	<input type="checkbox"/>	Section G: Heating & Cooling																																																																																																																																																																																																																					
3. Deck is clean and in good repair	<input type="checkbox"/>	1. Unvented fuel-burning appliance/space heater																																																																																																																																																																																																																					
4. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	2. Fire resistant room or sprinkler head																																																																																																																																																																																																																					
5. Pool clarity, pH, disinfectant, & temp. maintained	<input type="checkbox"/>	3. Location of heating/cooling units																																																																																																																																																																																																																					
6. Steps, ladders, and handrails installed, good repair	<input type="checkbox"/>	4. Ventilation of appliances and utility rooms																																																																																																																																																																																																																					
7. Adequate ventilation	<input type="checkbox"/>	5. Operation and condition adequate																																																																																																																																																																																																																					
Required Annual Third Party Inspections																																																																																																																																																																																																																							
1. Fire Alarm System	<input type="checkbox"/>	1. Backflow, air gaps, no cross connections																																																																																																																																																																																																																					
2. Sprinkler System	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms																																																																																																																																																																																																																					
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	3. T & P relief valves adequate, good repair																																																																																																																																																																																																																					
4. Current Boiler/Pressure Vessels MDPs Certification	<input type="checkbox"/>	4. Relief valve discharge pipes installed, adequate																																																																																																																																																																																																																					
5. Backflow Device(s) Test	<input type="checkbox"/>	5. First aid kit available																																																																																																																																																																																																																					
6. Liquid Propane Leak Test	<input type="checkbox"/>	6. Lighting adequate and in good repair																																																																																																																																																																																																																					
INSPECTED BY (PRINT NAME and SIGN) <i>Karen Hunter Krueger, EHS</i>		EPHS NUMBER <i>818</i>	AGENCY <i>Warren Co. Health Dept.</i>																																																																																																																																																																																																																				
LICENSING YEAR 20 <u>18</u> / 120 <u>19</u>		DATE INSPECTED <i>7-27-18</i>	TELEPHONE <i>314-534-3328</i>																																																																																																																																																																																																																				
APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FOLLOW UP DATE <i>Next Routine Inspection</i>																																																																																																																																																																																																																					
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Nainesh Patel</i>		PAGE 1 OF <u>2</u>																																																																																																																																																																																																																					



Establishment Name <i>Burke Inn</i>	Physical Address <i>245 South Main St.</i>	City <i>Clinton, MO</i>
Section Reference	Observations, comments, and corrective measures	
Rooms Re-inspected: Room 1, 3, 4, 6, 12, 14		
ok	Rm 1 - ok	
ok	Rm 3 - Cleaning on Sprinkler after last guest had stayed last night (9-16-18)	
ok	Rm 4 - ok *	
ok	Rm 6 - ok *	
ok	Rm 12 - ok *	
ok	Rm 14 - ok *	
<p><u>Note:</u> Hotel has contract with Termitray for monthly treatment for all pests (insects, mice, rodents etc.) last treatment was on 9/14/18. Also, it also treat in store to monitor and control any fleas and/ or cockroaches. Wilson Roachlife sprays.</p>		
INSPECTED BY <i>Loren Hunt & Krueger, RPH #898</i>	RECEIVED BY <i>Nainesh Patel</i>	DATE <i>9-18-18</i>
MO 580-2569 (6-16)	Distribution: White/Owner Canary/Central Office	Pink/Local Office